

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 49860												
<p style="margin: 0;">In re Application of Berndl et al.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Application Number 09/937,313</td> <td style="width: 50%; padding: 5px;">Filed 09/24/2001</td> </tr> <tr> <td colspan="2" style="padding: 5px;">For Solubilizing aids in powder form for solid pharmaceutical presentation forms</td> </tr> <tr> <td style="padding: 5px;">Art Unit 1618</td> <td style="padding: 5px;">Examiner Young</td> </tr> </table>			Application Number 09/937,313	Filed 09/24/2001	For Solubilizing aids in powder form for solid pharmaceutical presentation forms		Art Unit 1618	Examiner Young						
Application Number 09/937,313	Filed 09/24/2001													
For Solubilizing aids in powder form for solid pharmaceutical presentation forms														
Art Unit 1618	Examiner Young													
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 540.00</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any deficiency, or credit any overpayment to Deposit Account No. <u>14-1437</u>.</p> <p><input type="checkbox"/> Applicants hereby petition for a <u>3</u> month extension of time under 37 C.F.R. §1.136.</p> <p><input checked="" type="checkbox"/> The requisite fee of <u>\$ 620.00</u> is paid by credit card. The fee for a 2 month extension of time in the amount of \$490.00 has been submitted on October 28, 2008.</p>														
<p>I am the</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding-right: 20px;"><input type="checkbox"/> applicant /inventor.</td> <td style="width: 40%; text-align: right; padding-right: 20px;"><u>/Michael P. Byrne/</u></td> <td style="width: 30%; text-align: right; padding-right: 10px;">Signature</td> </tr> <tr> <td style="width: 30%; padding-right: 20px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</td> <td style="width: 40%; text-align: right; padding-right: 20px;"><u>Michael P. Byrne</u></td> <td style="width: 30%; text-align: right; padding-right: 10px;">Typed or printed name</td> </tr> <tr> <td style="width: 30%; padding-right: 20px;"><input checked="" type="checkbox"/> attorney or agent of record.</td> <td style="width: 40%; text-align: right; padding-right: 20px;"><u>202-659-0100</u></td> <td style="width: 30%; text-align: right; padding-right: 10px;">Telephone number</td> </tr> <tr> <td style="width: 30%; padding-right: 20px;"><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number <u>54,015</u></td> <td style="width: 40%; text-align: right; padding-right: 20px;"><u>November 26, 2008</u></td> <td style="width: 30%; text-align: right; padding-right: 10px;">Date</td> </tr> </table>			<input type="checkbox"/> applicant /inventor.	<u>/Michael P. Byrne/</u>	Signature	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	<u>Michael P. Byrne</u>	Typed or printed name	<input checked="" type="checkbox"/> attorney or agent of record.	<u>202-659-0100</u>	Telephone number	<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number <u>54,015</u>	<u>November 26, 2008</u>	Date
<input type="checkbox"/> applicant /inventor.	<u>/Michael P. Byrne/</u>	Signature												
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	<u>Michael P. Byrne</u>	Typed or printed name												
<input checked="" type="checkbox"/> attorney or agent of record.	<u>202-659-0100</u>	Telephone number												
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number <u>54,015</u>	<u>November 26, 2008</u>	Date												
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>														
<p><input type="checkbox"/> *Total of _____ forms are submitted.</p>														